

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UOR)

**M00000000589**  
**FILED**

DOCUMENT # M00000000589

1. Entity Name

Hewett Bayou, LLC



03 APR 30 PM 2:39

REGISTRY OF SECRETARIES  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3343 Peachtree Road

3. Mailing Address

*Same*

Suite, Apt. #, etc.  
Suite 1600

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Atlanta, GA

City & State

4. FEI Number  
593636264

Applied For  
Not Applicable

Zip  
30326

Country  
Fulton

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Proctor, M. Julian, Jr.

Street Address (P.O. Box Number is Not Acceptable)

227 South Calhoun Street--Ausley & McMullen

City  
Tallahassee

FL

Zip Code  
32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

*4/17/03*  
DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

400013549234

03/05/03--01055--008 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM Morris, John G.  
3343 Peachtree Road, N.E., Suite 1600  
Atlanta, GA 30326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400013549234  
03/25/03--01060--009 \*\*150.00

**REINSTATEMENT**

*2002-2003*

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*John A Morris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)